



School of Public Health Request for Waiver or Substitution of a Graduate Course Requirement

Name: _____ UID: _____

E-mail: _____ Program of Study: _____

Request for Waiver or Substitution? Waiver Substitution Date of Request: _____

Prefix and Number of Course: _____ Course Title: _____

Waivers: On the occasion that a graduate student has advanced education in one of the disciplines or courses required for his or her program of study. A required course may be waived if the student has mastered all of the program competencies related to the particular discipline or course. Mastery of the competencies must be documented in the student file via completion of the *“Request for Waiver or Substitution of a Graduate Course Requirement”* form, including signatures of the student’s academic advisor, the faculty member who teaches the public health core course for which the waiver is requested, and the Director of Graduate Studies from the student’s department.

Note that a waived course may **need to be replaced** with either a **Transfer or Inclusion** of previous coursework, or an approved **Substitution**. Waivers and resulting transfers or inclusions must be completed in the student’s **FIRST SEMESTER**.

Substitutions: Occasionally a student will have mastered some, but not all, of the competencies in a particular public discipline or course prior to admission. In such a case, an advanced course can be take in order to master the remaining program competency(ies). Mastery of the competencies must be documented in the student file via completion of the *“Request for Waiver or Substitution of a Graduate Course Requirement”* form, including signatures of the student’s academic advisor, the faculty member who teaches the course for which the waiver is requested, and the Director of Graduate Studies from the student’s department.

Required Documentation: Students requesting course waivers or substitutions must provide relevant documentation to support the request. Depending on the nature of the request, documentation may include (but is not limited to) transcripts, course syllabi, job descriptions, and letters of support from faculty or employers. Students should provide as much relevant documentation as possible to facilitate faculty review and expedite the processing of the request.

FOR ALL WAIVER OR SUBSTITUTION REQUESTS: List the competencies that the student has mastered in the course for which the waiver or substitution is requested, along with the specific course(s) and/or experience(s) responsible for the mastery.

Competency	How has the competency been met?

FOR SUBSTITUTION REQUESTS ONLY:

Prefix and Number of Substitute Course: _____ **Substitute Course Title:** _____
Faculty/Instructor Name: _____

List the competencies (in the required course for which the substitution is requested) that will be addressed via the substituted course, along with how mastery of those competencies will be achieved.

Competency	How will the student master the competency?

APPROVALS:

Approved Denied* Pending*	<input style="width: 100%; height: 20px;" type="checkbox"/>	<input style="width: 100%; height: 20px;" type="checkbox"/>
_____ <i>Advisor Signature</i>		_____ <i>Date</i>

***Notes:** _____

Approved Denied* Pending*	<input style="width: 100%; height: 20px;" type="checkbox"/>	<input style="width: 100%; height: 20px;" type="checkbox"/>
_____ <i>Faculty (teaching the Public Health Core Course) Signature</i>		_____ <i>Date</i>

***Notes:** _____

Approved Denied* Pending*	<input style="width: 100%; height: 20px;" type="checkbox"/>	<input style="width: 100%; height: 20px;" type="checkbox"/>
_____ <i>Director of Graduate Studies or Department Chair Signature</i>		_____ <i>Date</i>

***Notes:** _____

- Copy to:
- (1) Student's File (with documentation)
 - (2) Student
 - (3) Advisor